

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024989

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 181

Primary Registration District No. 4294

Registrar's No. 77

FILED JUL 3 1963

1. PLACE OF DEATH

a. COUNTY

Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN
Silex

Length of stay in lb
5 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Lincoln

c. CITY OR TOWN Silex Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Beck Rest Home

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
RFD Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

KATE

TRUEEMPER

4. DATE OF DEATH

Month

Day

Year

June 27 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-9-1890

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months 1 Days 18

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Frankenstein, Mo.

12. CITIZEN OF WHAT COUNTRY

US

13a. FATHER'S NAME

William Wibberg

13b. MOTHER'S MAIDEN NAME

? Nalher

14. NAME OF HUSBAND OR WIFE

Martin Truemper

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

4249 Address Litton

Bill Truemper St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Brachio-pneumonia
Carcinoma of the Lung

INTERVAL BETWEEN ONSET AND DEATH

3 wk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1, 63 to death and last saw her alive on 6/21/63
Death occurred at 4:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 1, 63

23c. NAME OF CEMETERY OR CREMATORY

St. Viencent Cemetery

23d. LOCATION (City, town, or county)

Dutrow

Mo.

24. FUNERAL DIRECTOR

ADDRESS

J.O. Mudd

Bowling Green, Mo.

25. DATE RECD. BY LOCAL REG.

7/1/63

26. REGISTRAR'S SIGNATURE

Kay T. Reed

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0570

2 0570

3

4 1

5 2

6

7 0

8 2

9 163X

10

11

12 86-2

13 30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.